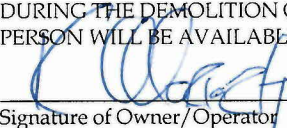
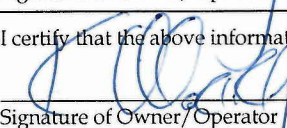


NOTIFICATION OF DEMOLITION AND RENOVATION

Job# 4065

Operator Project #	Postmark 1.17.11	Date Received 1.24.11	Notification # 2221148	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): O				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: Atlantic Richfield				
Address: 1 River Street				
City: Hastings on Hudson	State: New York	Zip: 10706		
Contact Name: Eric Larson	Telephone: 443-807-6233			
REMOVAL CONTRACTOR: Pinnacle Environmental Corp.				
Address: 200 Broad Street				
City: Carlstadt	State: NJ	Zip: 07072		
Contact Name: Robert Ryan	Telephone: 201-939-6565			
OTHER CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact Name:	Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Building # 52				
Address: 1 River Street				
City: Hastings on Hudson	State: New York	County: Westchester		
Site Location: Ground & 2 nd Floor				
Building Size: 100,000	# of Floors:	Age In Years:		
Present Use: Vacant	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Pipes	1,150			LnFt: x Ln M:
Surface Area	1,950			SqFt: x Sq M:
Vol. RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd//yy)		Start: 01-31-11		Complete: 12-31-11
Schedules Dates Demo/Renovation (mm/dd//yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.			
WASTE TRANSPORTER #1			
Name: Tri State Transfer, Inc.			
Address: 1199 Randall Avenue			
City: Bronx	State: NY	Zip: 10474	
Contact Name: Jimmy Byrne			Telephone: 718-617-0771
WASTE TRANSPORTER #2			
Name: ATC, Inc. / #3- PCC Construction & Contractors, Inc.			
Address: 2 Moriches Middle Island Road / #3- P.O. Box 780015			
City: Shirley	/ #3- Maspeth	State: NY	Zip: 11967 / #3 - 11378
Contact Name: Kenny Smith / #3- Joseph Whelan			Telephone: 631-924-5050 / #3 -201-939-6565
WASTE DISPOSAL SITE (#1 or #2)			
Name: Minerva Enterprises, Inc.			
9000 Minerva Road			
City: Waynesburg	State: OH	Zip: 44688	
Telephone: 330-866-3435			
IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (mm/dd/yy):		Date Ordered to Begin(mm/dd/yy):	
FOR EMERGENCY RENOVATIONS			
Date and Hour of Emergency(mm/dd/yy):			
Description of the Sudden, Unexpected Event:			
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:			
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.			
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)			
 Signature of Owner/Operator		Date: 01-17-11	
I certify that the above information is correct.			
 Signature of Owner/Operator		Date: 01-17-11	

NOTIFICATION OF DEMOLITION AND RENOVATION

IC# 4065

Operator Project #	Postmark	Date Received <i>2.10.11</i>	Notification # <i>22172</i>	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: Atlantic Richfield				
Address: 1 River Street				
City: Hastings on Hudson	State: New York	Zip: 10706		
Contact Name: Eric Larson	Telephone: 443-807-6233			
REMOVAL CONTRACTOR: Pinnacle Environmental Corp.				
Address: 200 Broad Street				
City: Carlstadt	State: NJ	Zip: 07072		
Contact Name: Robert Ryan	Telephone: 201-939-6565			
OTHER CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact Name:	Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Building # 52				
Address: 1 River Street				
City: Hastings on Hudson	State: New York	County: Westchester		
Site Location: Ground & 2 nd Floor				
Building Size: 100,000	# of Floors: 1 & Mezz.	Age In Years: ~93		
Present Use: Vacant	Prior Use: Industrial			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Pipes	1,150			Ln Ft: x Ln M:
Surface Area	1,950			Sq Ft: x Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)		Start: 01-31-11(1)Job on Hold(2)02-11-11		Complete: 12-31-11
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

WASTE TRANSPORTER #1

Name: (2) Horwith Trucks Inc.

Address: RT. 329, Box 7

City: North Hampton

State: PA

Zip: 18067

Contact Name: Kris Mohrey

Telephone: 610-261-2220

WASTE TRANSPORTER #2

Name: ATC, Inc. / #3- PCC Construction & Contractors, Inc.

Address: 2 Moriches Middle Island Road / #3- P.O. Box 780015

City: Shirley

/ #3- Maspeth

State: NY

Zip: 11967 / #3 - 11378

Contact Name: Kenny Smith

/ #3- Joseph Whelan

Telephone: 631-924-5050 / #3 -201-939-6565

WASTE DISPOSAL SITE (#1 or #2)

Name: High Acres Landfill - Recycling

425 Perinton Parkway

City: Fairport

State: NY

Zip: 14450-9104

Telephone: (585) 223-6132

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date: 01-17-11(1)01/28/11(2)02/07/11

I certify that the above information is correct.

Signature of Owner/Operator

Date: 01-17-11(1)01/28/11(2)02/07/11